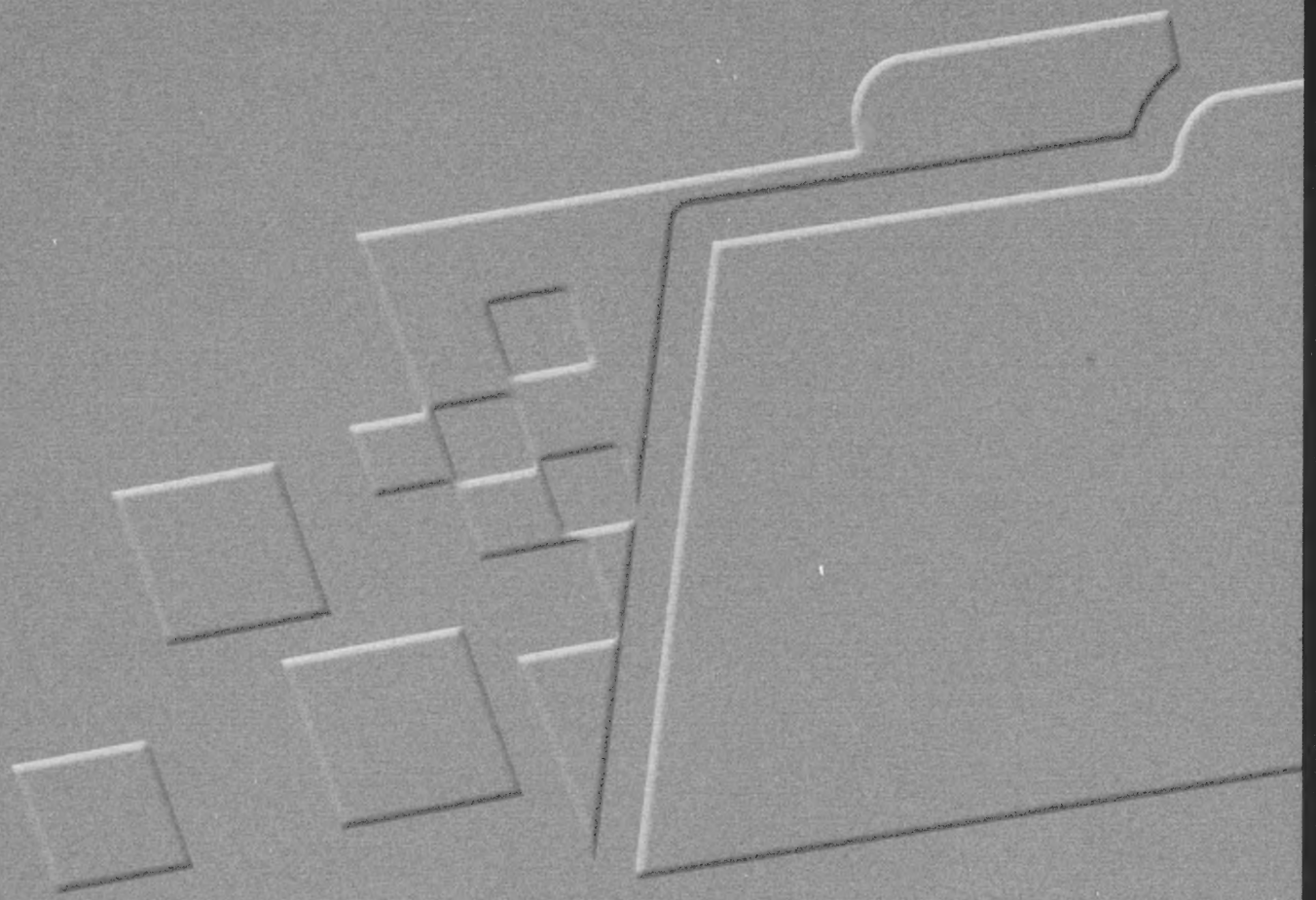
Annual Report
2014-2015



eHealth
Saskatchewan

Empowering Patients, Enabling Care

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Letter of Transmittal

Regina, Saskatchewan
July 31, 2015

Her Honour, the Honourable Vaughn Solomon Schofield,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2015, duly certified by auditors for the Corporation in accordance with The Crown Corporations Act, 1993.

Dustin Duncan
Minister of Health

Regina, Saskatchewan
July 31, 2015

The Honourable Dustin Duncan
Minister of Health

Honourable Dustin Duncan:

I have the honour of submitting eHealth Saskatchewan's Annual Report for the fiscal year ending March 31, 2015. I take responsibility for public accountability seriously and, as CEO, I have made every effort to ensure the accuracy of this report.

Susan Antosh
Chief Executive Officer
eHealth Saskatchewan

Message from the CEO

The 2014-15 fiscal year was filled with success stories and key milestones at eHealth Saskatchewan (eHealth). This is the third year of our five-year strategic vision to deliver better, smarter and more timely health care to the people of Saskatchewan. eHealth reached new heights as we built on the progress made in the first two years of our strategic plan. Our actions continue to be inspired by the government's commitment to provide innovative ways of improving the delivery of health care services.

Patients will always be eHealth's top priority. Improving the timeliness and quality of care will continue to shape everything we do. These improvements are felt on the front lines—in doctor's offices, hospitals and pharmacies, resulting in better health care for all Saskatchewan patients. eHealth also continued to engage with citizens, businesses, and clinicians, to develop a future system that will enable patients to access their own health care information.

Thanks to the hard work of so many, eHealth reached a key milestone in 2014-15. A comprehensive provincial electronic health record (EHR) for Saskatchewan residents was completed by meeting the core components as defined by Canada Health Infoway. This achievement is just the beginning. eHealth will remain focused and committed to working with our partners so that we can continue to expand the patient information that is available in the EHR. Data from March 2015, shows that about 130,000 people benefited from the information being provided to a health care professional, proving that the EHR is positively impacting Saskatchewan health care.

eHealth remains committed to ensuring the privacy and security of the private health information entrusted to us by the people of this province. As the reliance on our provincial clinical information systems to support direct care of patients increases, so too must the trust citizens and providers have in the confidentiality, integrity and availability of the EHR.

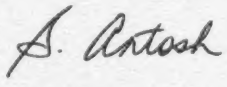
This year also marked the first anniversary of two new additions to eHealth's portfolio—the province's health services card and vital statistics, such as birth, death and marriage certificates. Throughout the past year, residents of Saskatchewan have only had to visit one location, or simply go online, to receive vital certificates and renew, replace or apply for their health services card.

The new electronic integrated public health information system, Panorama, also saw some exciting developments this fiscal year. eHealth was pleased to lead the information technology portion of the project, which added the Immunizations and Inventory modules to Panorama. Health care teams can now easily access a patient's immunization and vaccine information electronically. When health care providers have quicker access to patient information, then patients receive more timely care.

Progress was also made on our commitment to enhance eHealth's data and analytic capabilities. Our Data and Analytics department is continuously working to improve the availability of information and analytics to support clinical decision making and health system improvement. This last year they worked in collaboration with our various health system partners to develop foundational supports such as a provincial data warehouse map and data catalogue. When information is well organized and easier to obtain, health care organizations can work more efficiently—they can better assess their needs, solve problems, and set goals and priorities.

This year also brought increased provincial work and collaboration with our partners and stakeholders who truly believe in supporting patient care. I extend my sincerest thanks and appreciation to all of you for your support and commitment to our mission to provide better, smarter health care in Saskatchewan. Our recent successes were also possible thanks to the dedicated employees at eHealth. The work you do supports those on the front lines of our health care system and directly helps to improve the lives of Saskatchewan people.

eHealth continued to work with our health care partners (Regional Health Authorities, Saskatchewan Cancer Agency, 3sHealth and Saskatchewan Medical Association) and we have now transformed our five year strategic vision into a rolling plan. eHealth's ultimate goal of providing the highest quality patient experience is never-ending and this plan reflects that reality. We still have a lot of work ahead of us, but I am confident that with our team, our partners, and our stakeholders, we will build on our achievements in the years to come. Empowering patients and enabling care will always be at the heart of everything we do.



Susan Antosh
Chief Executive Officer
eHealth Saskatchewan

Message from the Board Chair

It was another exciting year to chair the Board of Directors at eHealth Saskatchewan (eHealth). The 2014-15 fiscal year was highlighted by the achievement of important goals and by the progress made on a number of projects.

One of the most notable achievements in 2014-15, was the completion of the core components of the provincial electronic health record (EHR) for the people of Saskatchewan. Health care professionals with access to the eHR Viewer can now see their patients' diagnostic imaging results. The eHR Viewer is a secure website developed for Saskatchewan health care providers, so they can access patient information regardless of where an individual goes for care or where they live in the province. As of March 31, 2015, about 3,550 health care professionals were using the eHR Viewer, including physicians, pharmacists, and nurse practitioners. Not only has eHealth completed the core components of the record, but this milestone also makes Saskatchewan one of five provinces in Canada with 100 per cent availability of the core components of an EHR.

This fiscal year also saw eHealth's Chronic Disease Management Quality Improvement Program (CDM-QIP) continue to benefit those living with chronic conditions, such as diabetes and coronary artery disease. The CDM-QIP focuses on improving the quality and continuity of care by encouraging health care providers to use flowsheets that are based on best evidence and clinical guidelines for treating chronic conditions. The program is being further expanded later in 2015 to include flowsheets for heart failure and chronic obstructive pulmonary disease.

Another achievement in 2014-15 was the official launch of Panorama—a new electronic, integrated public health information system. By using Panorama, public health care providers can easily access and manage vaccine inventories, immunizations, investigations, outbreaks and family health. In the future, Panorama will also be foundational in managing disease outbreaks across Canada.

Ongoing work at eHealth also supported the government's goals to improve health care, such as reducing emergency department wait times, maximizing patient flow, and strengthening mental health and addictions services.

It has been my pleasure to serve as Chair of the Board for the past two years. I am reminded every day of how proud I am to be a part of an organization that is truly making a difference in people's lives. Behind the scenes, dedicated employees are working hard every day to support eHealth's mission to improve the quality of health care for all Saskatchewan patients.

I am pleased to report that eHealth's Board of Directors now has three committees. The Governance, Policy and Human Resources committee was created in 2013-14, and Audit and Finance and Risk, Quality and Public Safety were the two new committees established this fiscal year.

It was a dynamic year for our board as we added three new members. Kimberly Kratzig is an Assistant Deputy Minister of Health and has more than 20 years of experience in the provincial public service. Velma Geddes is an FCPA, FCA and provides consulting services on public sector financial reporting. Marian Zerr is a Senior Director in Meyers Norris Penny (MNP) Public Sector Services practice, who has also served as the Deputy Minister of Social Services and as the Associate Deputy Minister of Executive Council, Government of Saskatchewan. On behalf of eHealth's Board of Directors, I would like to welcome each of you to our team. I am very much looking forward to building on eHealth's progress and achievements together.

eHealth's accomplishments have been backed by the hard work and dedication of eHealth's partners, stakeholders and staff. Thank you for everything you do every day to keep eHealth moving forward in the quest to empower patients and enable care. As we all work together, I am confident that 2015-16 will be another banner year.

Gerald Fiske
Board Chair

INTRODUCTION

This annual report presents eHealth Saskatchewan's activities and results for the fiscal year ending March 31, 2015. It reports on public commitments made and other key accomplishments of the corporation.

SUMMARY OF HIGHLIGHTS:

In 2014-15, eHealth Saskatchewan saw the completion of the core components of the Electronic Health Record (EHR), which included the unveiling of the eHR Viewer, so that health care providers can access patient information from anywhere in the province. This fiscal year also marked the launch of the Pharmaceutical Information Program Quality Improvement Program (PIP-QIP) and saw work continue in the Chronic Disease Management Quality Improvement Program (CDM-QIP), which was implemented in 2014. Updates were made to the comprehensive, integrated public health information system, Panorama, which now includes clients' immunization information. Work also continued on the Citizen Health Portal—a pilot project that will help both eHealth and the provincial government determine the value of providing citizens with electronic access to their own health information. The Citizen Advisory Panel was formed in 2014 to provide citizen feedback throughout the development of the strategy. More detail on all of eHealth's services can be found throughout this report.

ALIGNMENT WITH THE GOVERNMENT'S DIRECTION

The provincial government's vision for Saskatchewan is to be the best place in Canada to live, work, start a business, get an education, raise a family and build a life. This high quality of life on the prairies would not be attainable without the health and safety of our people. Health care providers, such as doctors, nurses and pharmacists, are relied on every day to give patients the best possible care and to help keep everyone healthy. Frontline professionals, as well as their patients, benefit from the support from corporations like eHealth.

eHealth plays a key role in making important electronic information readily available to health care teams across the province. When doctors and pharmacists can quickly access their patients' important clinical information, such as diagnostic imaging and lab tests, then they are able to deliver more timely care and treatment to those patients. eHealth's commitment to improving the quality of health care in the province aligns with the government's vision and goal to secure a better quality of life for all Saskatchewan people.

The 2014-15 annual report supports the government's commitment to ensuring greater transparency and accountability to the people of Saskatchewan. eHealth is committed to working with the government year-round to help make Saskatchewan the best place in the country to receive the highest quality health care.

The Government of Saskatchewan's Vision

"...to be the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

Government's Goals

- Sustaining growth and opportunities for Saskatchewan people.
- Meeting the challenges of growth.
- Securing a better quality of life for all Saskatchewan people.
- Delivering responsive and responsible government.

2130 11th Avenue

Board Members

Gerald Fiske - Chair

Gerald Fiske has a rich history of experience in the Information Technology world, previously serving as Chief Information and Services Officer in the Information Technology Office. He has held Senior Executive positions with ISM/IBM and has ran his own consulting company for 15 years. Gerald was appointed to the eHealth Board in March 2013 for a three-year term.

David Fan - Vice Chair

David Fan is the President and CEO of the Prairie North Health Region. He brings a valuable perspective and input from the Regional Health Authorities. David has served on the eHealth Board for several years and was reappointed for a three-year term in May 2014.

Dr. Milo Fink

Dr. Milo Fink is an Assistant Professor for Rehabilitation Medicine at the University of Saskatchewan. Prior to the establishment of eHealth Saskatchewan, he was President of the Saskatchewan Medical Association. During his term, he helped develop the collaborative co-management of electronic medical records with the Ministry of Health. Dr. Fink has served on the eHealth Board for several years and was reappointed for a three-year term in March 2013.

Scott Livingstone

Scott Livingstone is the President and CEO of the Saskatchewan Cancer Agency and has previously served as CEO of eHealth Saskatchewan. He has also worked in the Ministry of Health for several years as Executive Director of the Health Information Solutions Branch (HISC), which became the Treasury Board Crown Corporation, eHealth Saskatchewan. Scott has been on the board since those formative days.

Board Members

Duane Mombourquette

Duane Mombourquette is the Executive Director of Partnerships and Workforce Planning with the Ministry of Health. Duane has also worked in the Ministry of Justice for many years as the Executive Director/Privacy Officer in the Access and Privacy Branch. He has served on the eHealth Board for several years and was reappointed for a three-year term in March 2013.

Kimberly Kratzig

Kimberly Kratzig is an Assistant Deputy Minister of Health with responsibility for seniors issues, mental health and addictions, and the population & public health portfolios. She was appointed to the eHealth Board in December 2014. She is a board member of the Mental Health Commission of Canada. Kimberly is also a sessional lecturer at the University of Regina.

Velma Geddes

Velma Geddes is an FCPA, FCA and provides contract consulting services on public sector financial reporting. She has extensive senior financial management/CFO experience in the education and health sectors. Velma was appointed to the eHealth Board in December 2014.

Marian Zerr

Marian Zerr is a Senior Director in Meyers Norris Penny (MNP) Public Sector Services practice. Prior to joining MNP, she served as the Deputy Minister of Social Services and as the Associate Deputy Minister of Executive Council, Government of Saskatchewan. Marian also served in the federal public service for more than 30 years in a variety of capacities, which included significant work with First Nations. She was appointed to the eHealth Board in December 2014.

MANDATE

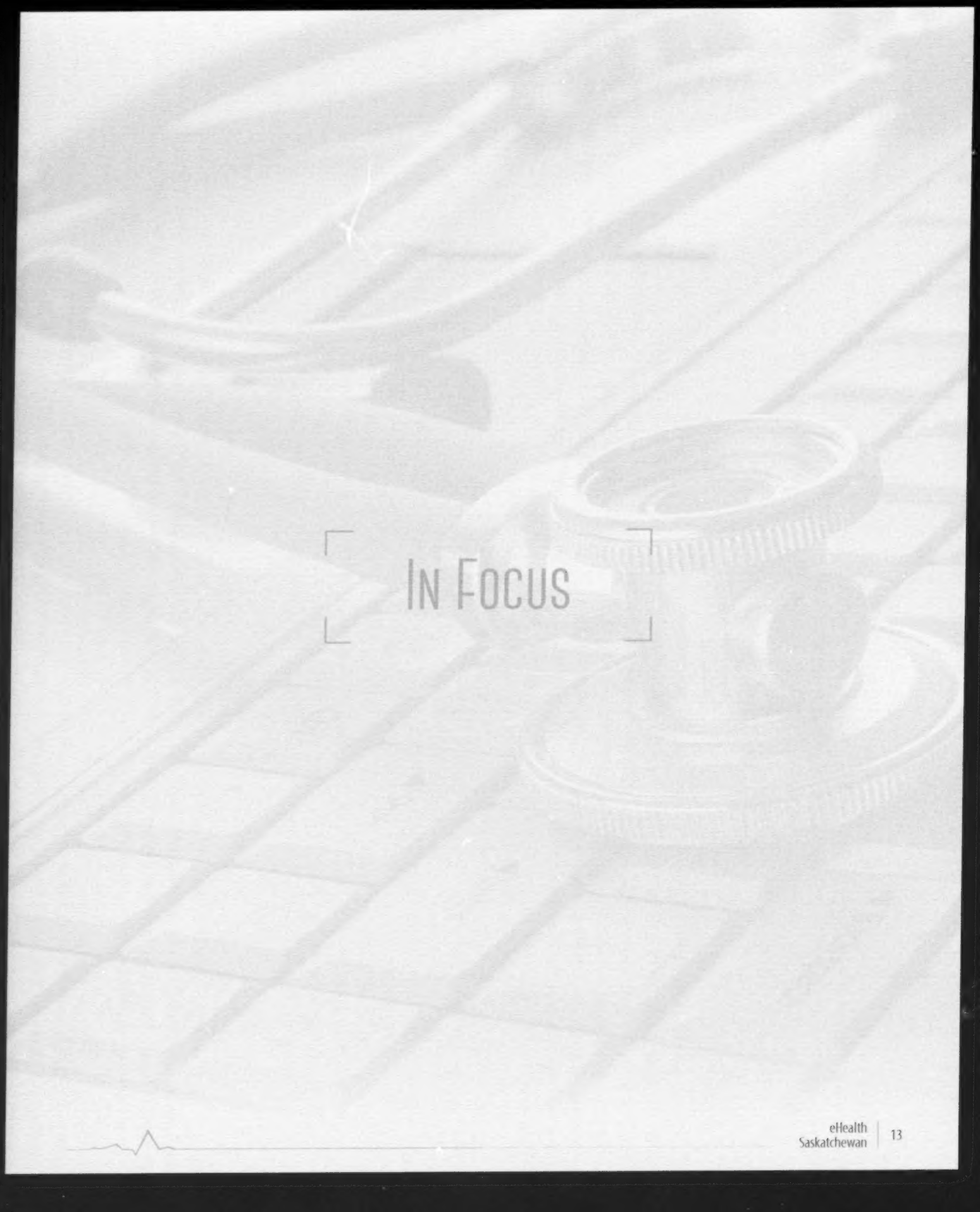
Key Roles of eHealth Saskatchewan:

- To **lead** Saskatchewan electronic health record (EHR) planning and strategy.
- To **procure, implement, own, operate and manage** the Saskatchewan EHR including the associated provincial components and infrastructure to facilitate improved health provider and patient access and use of electronic health information.
- To **procure, implement, own, operate and manage** other health information systems.
- To **deliver** an electronic health record for Saskatchewan citizens.
- To **establish** the provincial eHealth information and technology standards necessary to access the Saskatchewan EHR and the associated provincial components and infrastructure.
- To **provide data stewardship** for the EHR and, where appropriate, of health information systems, including the following:
  - To **administer the rules for EHR** data collection, use and disclosure.
  - To establish and administer **provincial standards to protect** the quality, confidentiality and security of EHR data.
  - To **protect** EHR data as a strategic resource.
- To act as trustee and information manager for Saskatchewan EHR databases and services.
- To **facilitate** improved health provider, patient access and use of electronic health information thus enhancing the delivery of health care services in the province.
- To **work and cooperate** with regional health authorities, other health care organizations, providers, other organizations providing related services as agents, contractors or partners in health information systems and the public in the development and delivery of the Saskatchewan EHR and other health information systems.
- To **pursue consistent funding** for the Saskatchewan EHR and other health information systems from all available sources, including Canada Health Infoway and to be accountable for the spending of such funds.
- To **manage and operate** the Vital Statistics Registry, Change of Name Registry and all associated services.

Vision: Empowering Patients, Enabling Care.

Mission: Making patient information available electronically to patients and their health care team.

Values: Respect, Engagement, Excellence, Transparency, Accountability.



In Focus

Provincial IT/IM Strategy

Information Technology/Information Management

eHealth is working collaboratively with the province's health regions, 3sHealth and Saskatchewan Cancer Agency to ensure that, by March 31, 2017, all Information Technology/Information Management (IT/IM) equipment and infrastructure effectively supports the achievement of provincial strategic priorities and is delivered in a provincially coordinated approach.

In 2014-15, IT/IM Task Teams, supported by eHealth, delivered the following:

- An IT/IM services inventory;
- A portfolio management approach;
- Prioritization criteria for new IT/IM investments;
- A provincial standards inventory;
- An agreed-upon standards setting process; and
- Change management advice to support successful implementation of the IT/IM strategy.

In 2015-16, eHealth will continue to lead and facilitate delivery of the provincial IT/IM strategy. Work will focus on:

- Implementation of standards setting and governance;
- Implementation of the Portfolio Management approach;
- Optimization and refinement of both regional and provincial services; and
- Process improvements using LEAN.

In the year ahead, work will also begin on the optimization of service delivery and definition of a services catalogue; leading and implementing new IT/IM governance; and, the definition of Chief Information Officer roles. eHealth will also lead work to support IT/IM change by developing a formalized approach to change management and creating a set of supports for those organizations impacted by IT/IM change.

"Better health by empowering patients and enabling providers with the right information at the right time through a provincially standardized system that is sustainable and secure."

Provincial IT/IM Strategy

Information Technology/Information Management

Think as a province as opposed to separate regions.

Keep the Health Information Protection Act (HIPA) and security in mind, but don't use them as a barrier.

Use the experience and expertise in the room.

Come to a consensus and move forward. Those who don't agree will adopt the direction of the group.

Be honest, open and transparent.

Be respectful and courteous.

Keep it to one conversation and include everyone.

There are no stupid questions - keep an open mind on where it might lead.

These principles were developed collaboratively by Health Region Chief Information Officers, eHealth Saskatchewan, 35 Health and Saskatchewan Cancer Agency.

Engaging with Patients and Citizens

eHealth's vision is "Empowering Patients, Enabling Care." That vision continues to inspire the focus of eHealth's core services. One of those services gives health care professionals electronic access to patient information. Having better access to patient information enables providers to make better decisions and give more timely care.

In 2014-15, eHealth reached a key milestone. eHealth announced the completion of the core components of the provincial Electronic Health Record (EHR). Health care providers can now access patient information from anywhere in the province through the Electronic Health Record Viewer (eHR Viewer). That achievement led to the creation of another vision. eHealth has now begun a pilot project to test out a similar system, but one specifically for patients and citizens. This pilot project has been dubbed the "Citizen Health Portal" and is anticipated to launch later in 2015 and will run for six months. The Citizen Health Portal is a new interactive tool that will allow residents to access their medical history and personal health records online. The pilot will help eHealth determine the value of a broad strategy to provide citizens with electronic access to their own health information.

The Citizen Advisory Panel is a pilot group formed by eHealth in February 2014 to provide citizen feedback throughout the development of the strategy. In line with the Patient First approach, the Citizen Advisory Panel will become the primary means of citizen feedback in the development of the strategy. Participants will be able to view general laboratory results, immunization history, prescription history and medical visit history. Individual participants will be able to use the Citizen Health Portal to add their personal health history information, view results using interactive tools and set reminders for taking medications or for upcoming appointments.

Testing the Citizen Health Portal is a critical step in helping to gather valuable information about how eHealth can best offer electronic health care records to Saskatchewan people. Several stakeholder groups have also been organized to provide valuable feedback from differing points of view. Their involvement is important as it will help shape the best customer experience for everyone in this province. If the six month trial period of the Citizen Health Portal proves valuable, the trial process will help potentially prioritize what would be needed for a full launch. The Citizen Health Portal is another way eHealth is staying committed to improving access to personal health information and online tools to enhance the health of Saskatchewan citizens.

Citizen Advisory Panel Meeting

Progress in 2014-15

PROVINCIAL ELECTRONIC HEALTH RECORD

The 2014-15 fiscal year saw eHealth reach a key milestone. A comprehensive provincial electronic health record (EHR) for Saskatchewan residents was completed by meeting the core components as defined by Canada Health Infoway. The latest component to be completed allows those health care providers with access to the eHR Viewer to now access their patients' diagnostic imaging results.

The eHR Viewer is a secure web-based system that is available on most devices, such as iPads and laptops. The secure website was developed so that Saskatchewan health care providers could have access to patient information regardless of where an individual goes for care or where they live in the province.

Every time you visit the doctor, receive a vaccination or have a medical test, you are creating information that can be stored in your personal EHR. This collection of information is valuable because it can be used by your health care team to provide the best possible care. Patients benefit through faster diagnosis and treatment, less duplication of tests, fewer medication errors or allergic reactions and even potentially avoiding costly travel and lost time at work.

In 2014-15, these additional features were added to the EHR:

- Medical Imaging information (Radiology Reports).
- Structured Medical Reports (Breast Cancer Operative Reports).

These features are in addition to the existing elements including:

- Laboratory results (more than 90% of lab results in the province).
- Prescribed medications (100% of community pharmacies).
- Clinical Encounters (physicians can now see if their patients have received care in a hospital).
- Immunization history.
- Chronic Disease Management.
- Discharge summaries from Saskatoon Health Region.

eHealth will remain focused and committed to working with our partners so that we can continue to expand the patient information that is available in the EHR.

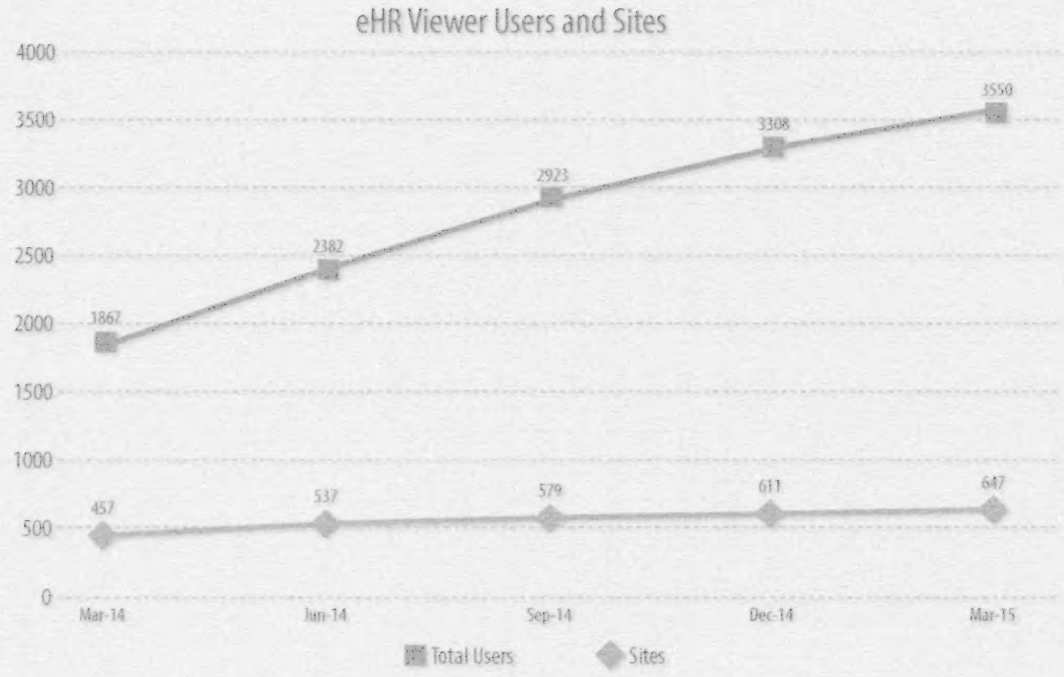
Coming next year: the addition of congestive heart failure and chronic obstructive pulmonary diseases to the Chronic Disease Management Quality Improvement Program (CDM-QIP).

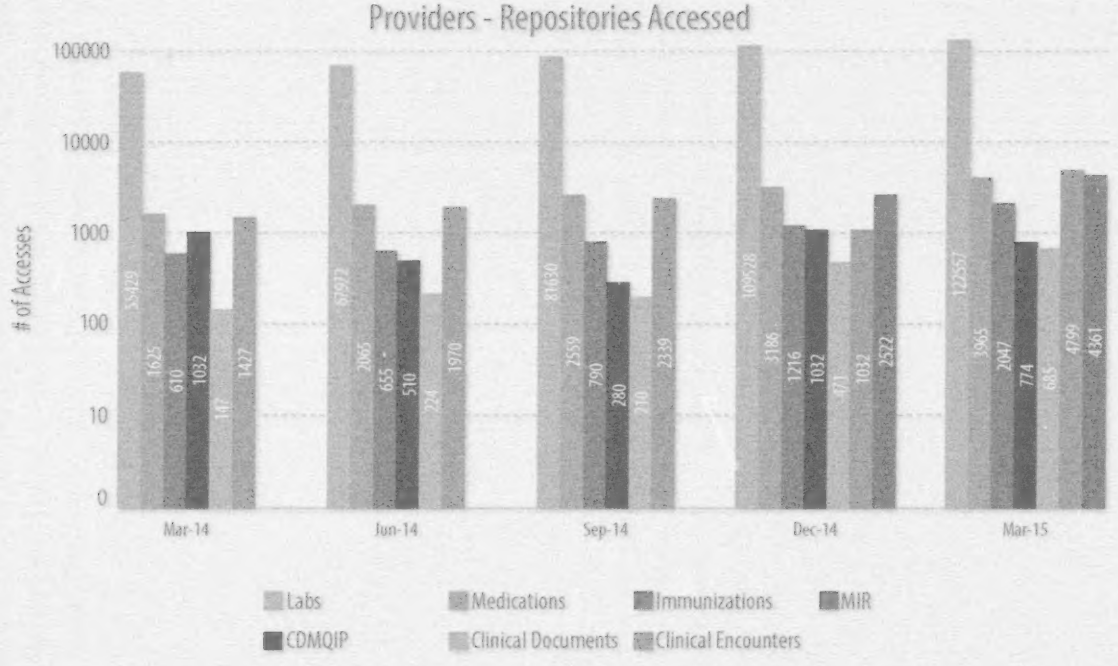
BY THE NUMBERS

According to data collected from March 2015, about 130,000 people benefited from the information provided to a health care professional through the EHR.

As of March 31, 2015, about 3,300 health care providers have access to the eHR Viewer, including physicians, pharmacists, and nurse practitioners.

PROVINCIAL ELECTRONIC HEALTH RECORD





TELEHEALTH

Telehealth Saskatchewan uses technology to link patients to both specialized and general health care from a distance using secure videoconferencing equipment. There are 280 active videoconferencing sites within the Telehealth network, which extends throughout Saskatchewan. The network is growing at a rate of thirty per annum. In 2014, 1,196 patients used Telehealth for cancer services, compared to 371 patients in 2013.

Patients living in rural communities can be connected to the specialized care they need by using Telehealth. By enabling patients to easily access the specific care they need, can significantly improve their treatment and outcome. Videoconferencing also helps to reduce travel time and expenses.

The top four clinical specialties utilizing Telehealth in Saskatchewan are:

- Mental Health
- Neurology
- Oncology
- Nephrology

Working closely with the College of Medicine Telehealth plays an integral role in making distributed medical education successful and provides services and infrastructure to enhance the provinces recruitment and retention strategy.

New sites that have recently joined Telehealth include:

- Uranium City Health Center
- Yorkton Regional Health Center—Mental Health
- Tisdale Diabetes and Heart Health Centre (DHHC)
- Maryfield, Island Lake Health Center
- Leading Thunderbird Lodge

How patients benefit from Telehealth:

- Travel – Telehealth makes it possible to receive care without having to travel long distances.
- Expenses – Money saved when reducing travel time and overnight stays.
- Time – Accessing Telehealth minimizes time spent both traveling and waiting.
- Expertise – Increased access to specialty care throughout the province.

BY THE NUMBERS

Telehealth Saskatchewan has more than **270 sites in 115 communities** across the province and continues to grow.

More than **10,277** patients utilize Telehealth for clinical consultations a year.

3,073,842 kms saved each year by patients/family that attended clinical appointments using Telehealth rather than traveling.

More than 1600 public attendees took part in public education events provided by Telehealth in the 2014-15 fiscal year.

CDM-QIP

Chronic Disease Management Quality Improvement Program

In 2014-15, the Chronic Disease Management Quality Improvement Program (CDM-QIP) continued to benefit those living with chronic conditions, such as diabetes and heart disease. The CDM-QIP focuses on improving the quality and continuity of care for those with chronic conditions by encouraging physicians, and other health care providers, to implement best practices with state-of-the-art flowsheets and the most current clinical practice guidelines. These flowsheets are available in the providers' electronic medical records (EMRs), or via paper, and allows for enhanced patient treatment and follow-up. When health care providers have access to the most up-to-date information and tools related to chronic conditions, they are better able to care for their patients, including referring them to a specialist when appropriate and sending them for regular lab work and tests as needed.

The CDM-QIP's initial flowsheets released in 2013, focused on the chronic conditions of diabetes and coronary artery disease. In 2015, the program improved the initial flowsheets based on the feedback gathered from providers across the province. Later this year, the program will be expanded to include flow sheets and clinical practice guidelines for heart failure and chronic obstructive pulmonary disease. As well, clinical reporting will be enhanced in the providers' EMRs that further support optimal management of patients with chronic conditions.

Participating health care providers use CDM-QIP flowsheets to record specific health information related to chronic conditions, such as best practices. Those submissions are collected and submitted to a web-based program within the eHR Viewer, which can be accessed by health care providers across the province. Ultimately, CDM-QIP is advancing efforts to transform primary health care services and achieve more effective patient care in Saskatchewan.

BY THE NUMBERS

25,174 Chronic Disease Management patients received treatment and care from a provider who used the provincial electronic best practice templates.

Patient and Doctor using CDM-QIP

RIS/PACS

Radiology Information System and the Picture Archiving and Communications System

Treatment for patients is more effective and efficient when all medical imaging and the reporting of images within the province is available through a single source, such as the Radiology Information System and the Picture Archiving and Communications System (RIS/PACS).

eHealth implements and supports RIS/PACS for Saskatchewan. The RIS helps streamline departmental operations from scheduling procedures, order entry, through to worklist management, result distribution and billing. PACS interfaces with the RIS to provide a complete imaging solution with interpreted results.

X-rays, CT scans, Ultrasounds, Medical Resonance Imaging (MRI), Nuclear Medicine and Positron Emission Tomography (PET) Scans in most Saskatchewan hospitals are now available on PACS and can be interpreted by physicians and specialists in different locations throughout the province.

Consultation between physicians and regions to optimize treatment can take place once imaging has been sent to PACS. When a patient needs to travel for treatment, imaging can be reviewed and treatment preparation can begin prior to arrival without arranging for transport of imaging records. Patients pursuing treatment outside of Saskatchewan can request their imaging files on DVD or other portable devices.

Through a collaborative effort with our partners in the Regional Health Authorities (RHAs), some of the highlights for 2014-15 include:

- Ile La Crosse and La Loche in Keewatin Yatthe implemented RIS and PACS.
- Maidstone, Turtleford and Meadow Lake in Prairie North implemented RIS and PACS.
- Mayfair Medical Resonance Imaging (MRI) for Regina.
- Qu'Appelle Health Region (RQHR) contracted services connected to PACS.
- RQHR: Regina General, Pasqua and Wascana Rehab implemented RIS.
- Upgrade of PACS to version 4.4.

The following Saskatchewan hospitals will be implementing Provincial RIS and PACS in 2015:

- All Nations Healing Hospital – Fort-Qu'Appelle
- Moosomin Southeast Integrated Care Facility
- Porcupine Carragana Hospital
- Melfort Hospital
- Tisdale Hospital
- Nipawin Hospital
- Hudson Bay Health Care Facility
- Kelvington Hospital
- Carrot River Health Centre
- Athabasca Health Facility

Lean quality improvement efforts within the Medical Imaging Program occurred throughout 2014-15 including:

- Continuous improvement efforts in reducing turn-around time of requests and incidents.
- Continuous improvement efforts in expediting implementations.

PROGRESS

PANORAMA

Saskatchewan patients and health care providers are now benefiting from Panorama—a new, electronic integrated public health information system. Public health information was upgraded from two aging public health systems into one system, Panorama. This new system is making it easier for health care professionals to collect, share and analyze information for vaccine inventories and immunizations and, in turn, helping to improve the health of children and families of Saskatchewan.

Panorama will eventually allow public health care providers to easily access and manage: vaccine inventories, immunizations, investigations, outbreaks and family health. Improved access to this information means improved health outcomes, increased coordination and better accessibility, which helps providers deliver better treatment and services to their patients.

eHealth led the information technology portion of the project, which added the immunizations and inventory modules to Panorama. The vaccine inventory module of Panorama was implemented in March 2014 and the immunizations module in February 2015.

Panorama Inventory allows public health professionals to record, maintain and centrally manage the quantity of vaccines at multiple locations across the province. The inventory module will allow public health providers to:

- Manage vaccine supply at the Provincial Regional Health Authorities and First Nations.
- Track information related to vaccine product.
- Forecast vaccine demand.
- Manage shipping, receiving, cold chain and adverse storage conditions.
- Support manufacturer vaccine recalls.

Immunizations works with the Inventory module and sets the stage for future implementation of additional Panorama modules related to communicable disease investigations, outbreak management and family health. Currently, all Public Health staff providing immunization services are using Panorama to record immunizations administered in the province. The immunizations module allows Public Health providers to:

- Manage client immunizations.
- Record and report on adverse events.
- Forecast immunization eligibility based on Saskatchewan's Immunization Schedule.
- Record contraindications and create client warnings.
- Provide immunization coverage reports for the Province, Regional Health Authorities and First Nations Jurisdictions.
- Connect to Inventory Module for real-time vaccine counts.
- Automatic invalidation of compromised vaccines.

These new modules allow a patient's vaccine information to be available electronically to the health care team. Now, each person who receives public health services in Saskatchewan will have a single, confidential client record, no matter where they receive those services in the province. Coordination is also improved by connecting providers from various regions, which reduces duplication of vaccines, improves access to information and helps support more coordinated patient care.

"Panorama can be accessed by public health wherever a client presents and allows for more timely care. It also assists staff in determining immunizations the clients are due for, as well as future immunizations."

-Morag Granger, Regina Qu'Appelle Health Region Population and Public Health Services, Public Health Nursing Manager

PANORAMA

In the future, Panorama will have three additional modules: communicable disease investigations, communicable disease outbreaks, and family health. When fully implemented, Panorama will have replaced three aging provincial public health systems: the inventory management system, Saskatchewan Immunization Management System and the integrated Public Health Information System.

Panorama will also be foundational in managing disease outbreaks across Canada. Most Canadians remember the anxiety of the Influenza Pandemic of 2008 and the massive public health efforts to immunize the public for the pandemic flu. The ability to track disease and vaccines is crucial for public health officials to keep our residents safe. Panorama will improve the capability of health care jurisdictions across Canada by giving them the ability to share and track that information.

Saskatchewan's Panorama is part of the pan-Canadian Panorama initiative funded through Canada Health Infoway. Five other jurisdictions are in the process of implementing Panorama: Quebec, British Columbia, Yukon, Ontario and Manitoba.

BY THE NUMBERS

More than 980,000 individual client records and 7.7 million immunizations were transferred to Panorama.

"Immunization is safe and important and saves lives by preventing serious diseases. Panorama is a tool that helps public health do their job by providing a complete record of vaccines provided in Saskatchewan."

-Dr. Tania Diener, Regina Qu'Appelle Health Region Medical Health Officer, Population and Public Health Services

DRUG AND PHARMACY PROGRAM

In September 2014, the process began to combine the Pharmaceutical Information Program (PIP) and the Regional Pharmacy Program. That process led to the formation of the Drug and Pharmacy Program in October. This amalgamation was done to allow pharmacy services to be delivered across the province in a more consolidated and efficient manner. Ultimately, strategic planning of initiatives will be enhanced by having one drug and pharmacy program. One program allows for only one point of contact, resulting in better communication with stakeholders. The result is a consolidated approach to the continuum of care from a pharmacy services perspective. Furthermore, there is a greater opportunity for a standardization and integration of the various systems that are utilized across the province (i.e. drug databases, and pharmacy systems).

The PIP is a key component of the Electronic Health Record (EHR) strategy for Saskatchewan. Drug information is one of the core building blocks of our EHR, which also includes lab results, diagnostic imaging, and public health and service events. PIP is a secure, web-based computer application that provides authorized health care professionals, such as pharmacists, physicians, and nurses, with access to medication histories of Saskatchewan patients, along with other tools to help make drug therapy decisions.

PIP CeRx

The purpose of the PIP CeRx Integration Project is to successfully integrate the pan-Canadian drug information system messaging standard, developed by Canada Health Infoway, into pharmacy systems in Saskatchewan. The use of Canadian Electronic Prescribing (CeRx) messaging to support this system integration would therefore allow provincial health practitioners to view more complete medication profiles, including a Drug Utilization Review (DUR), when providing care for their patients. In 2010, CeRx integration of Saskatchewan pharmacies to the PIP began, which allows a pharmacy to view a patient's PIP profile directly from their local pharmacy software system. Currently 83% of Saskatchewan pharmacies are CeRx integrated to the PIP.

Benefits of using the PIP:

- Allows medical professionals to see current and past prescriptions in order to select the best medication, while avoiding drug interactions and duplications of therapy.
- Helps health care providers sort through a complex history when a patient may be taking numerous medications and when several prescribers are involved.
- Enhances safety by providing alerts regarding patient allergies and intolerances, interactions and dosages.
- Helps reduce prescription errors related to handwriting, by creating a clear printout of the prescription.
- Helps reduce multi-doctoring and drug abuse because prescribers can view prescriptions that have previously been filled by the patient and/or written by another prescriber using the PIP.

The Regional Pharmacy Program's objective is to optimize patient safety and meet patient needs through drug information initiatives. These drug information initiatives will have a provincial view on the continuum of care. The deployment of Provincial Pharmacy drug information initiatives/implementations will be governed by the eHealth Drug and Pharmacy Advisory Network. The network is represented by each region as well as the Ministry of Health (MOH) – Drug Plan and Extended Benefits Branch (DPEBB), MOH – Patient Safety, and 3sHealth. This advisory network was established to ensure a provincial strategy for drug information flow and for the achievement of standardized and integrated systems to the fullest extent possible.

DRUG AND PHARMACY PROGRAM

Some of the highlights for 2014-15 include:

PIP CeRx Integration – *enables communication of patient prescription information to and from the PIP within the current vendor software:*

- As of March 31, 2015, 301 out of 360 pharmacies (83.6%) are CeRx integrated to the PIP.
- DPEBB has mandated that all pharmacies in Saskatchewan be CeRx integrated to the PIP by March 31, 2016.

- PIP to Electronic Medical Record (EMR) Integration – allows vendor EMR systems to provide built in access to view PIP profile information within the EMR.
  - As of March 31, 2015, a total of 346 EMR users (i.e. 335 physicians, 10 clinic staff and one nurse practitioner) are integrated to the PIP.
- First Databank (FDB) is the provincial solution for a drug database and clinical decision support.
- Standardization of unit-dose packaging and automated medication distribution systems in hospital pharmacies.

BY THE NUMBERS

700 users added.

99.93% of all transactions are done in less than 10 seconds.

16.9 million dispenses created.

155.7 million dispenses since 2005.

PHARMACIST USING PIP

SLRR

Saskatchewan Laboratory Results Repository

When you visit the doctor's office because you are not feeling well or because it's time for a routine physical checkup, your doctor may send you for a variety of tests. Laboratory test results from both the Saskatchewan Disease Control Laboratory and most regional laboratory information systems are available in the eHR Viewer the second they are entered online. This enables your doctor to make faster clinical decisions about your follow-up care and treatment.

All lab results from the Regional and Saskatchewan Disease Control Labs are stored in the Saskatchewan Laboratory Results Repository (SLRR). Results are also sent to physician office computer systems and other secure locations. The SLRR stores approximately 50,000 – 60,000 results daily.

In 2014-15, results from new source sites in Sun Country, Five Hills, and Cypress Health Regions were added to the SLRR and are now being distributed electronically. A new Laboratory Information System (LIS) was implemented in the Heartland Health Region and is scheduled to be added as a source to SLRR early in the 2015-16 fiscal year. In addition to the Saskatoon and Regina Qu'Appelle sites, 47 sites have been implemented across Sunrise Health Regions: Five Hills, Kelsey Trail, Sun Country, Mamawetan, Prairie North, and SDCL. In the fall of 2015, the Saskatchewan Cancer Agency's ARIA system was integrated with SLRR to process electronic health records, enabling their providers access to timely and accurate results.

By the Numbers

70.3% (10% increase) of results sent to SLRR are routed to an EMR.

Provided electronic laboratory test results to 272 (13% increase) clinics and over 1,308 (21.4% increase) physicians.

272 sites with 2,262 (8% increase) users have access to a web based eHR Viewer for laboratory results and future clinical data from other repositories.

Patient Registration or Admission, Discharge and Transfer, makes health care information available to care providers where they need it, so that they can provide prompt and accurate care for improved health outcomes. In 2014-15, the following patient registrations were completed:

Added new Admission, Discharge and Transfer sites, including:

- Craik
- Esterhazy
- La Loche and Ile a la Crosse

Completed Admission, Discharge and Transfer enhancements:

- To increase the performance of the Admission, Discharge and Transfer system.
- To assist in the improvement of patient flow within our health regions.

The Laboratory Information System (LIS)

LIS facilitates the ordering of lab tests for patients, manages lab test data, and generates and distributes results to clinicians, wards and other agencies.

New Implementations:

- SoftLab module in:
  - Sun Country Health Region – Arcola, Oxbow, and Kipling.
  - Heartland Health Region – Biggar, Outlook, Unity, Davidson, Rosetown and Kindersley.
  - Five Hills Health Region – Craik.
  - Cypress Health Region – Maple Creek.
- SoftBank module in:
  - Heartland Health Region – Rosetown and Kindersley.
- Microbiology module in :
  - Heartland Health Region – Rosetown and Kindersley.

By the Numbers

Number of lab results going to:

1,077 Total Providers:

- 803 EMR/SMA (Saskatchewan Medical Association
- 274 RHA-PHC (Regional Health Authority, Primary Health Care

240 Total Sites:

- 227 EMR/SMA
- 13 PHC

SLRR
Saskatchewan Laboratory Results Repository

Surgical Information System (SIS)

If you are a patient waiting to hear when you are scheduled for surgery, you may not give much thought to the system that handles the scheduling. eHealth supports the government's commitment to reducing surgical waitlist times by replacing outdated computer systems and manual paper-based systems with a new modernized surgical information system (SIS). SIS is made up of two different systems—Operation Room Manager (ORM) and Saskatchewan Surgical Care Network (SSCN). These systems facilitate the surgical process by managing the operations in the surgical departments including:

- Scheduling surgical procedures.
- Waitlist management.
- Supply management, which organizes the supplies that need to be delivered to the operating rooms for each procedure and checks for any conflicts with supplies or people.
- Clinical electronic charting throughout the cycle of care in the perioperative suites.
- Tracking boards, which help to identify where patients are in the surgical process, from the beginning of surgery to post-operation.

The implementation of the SIS was completed in the Saskatoon Health Region at the Royal University, Saskatoon City, St. Paul's Hospitals and Prairie View Surgical Centre. In total, there are now five facilities in four health regions:

- Cypress Hills Regional Hospital in Cypress Hills Health Region.
- Moose Jaw Union Hospital in Five Hills Health Region.
- Battleford Union Hospital and Lloydminster Hospital, both in Prairie North Health Region.
- Victoria Hospital in Prince Albert Parkland Health Region.

During the 2014-15 fiscal year, a series of upgrades and changes were implemented in the SIS system including:

Changing the definition of Procedure Duration to be based on "Procedure Length" instead of "Surgeon Utilization." This new calculation allows health regions to more efficiently determine the duration of a procedure by also including time the patient is in the surgery room before and after a surgery, rather than only accounting for the length of the surgery itself.

Implementing more automation for certain system responses in an effort to minimize the time spent solving issues and to avoid problems and conflicts (i.e. When a scheduler uses the system to book a room for surgery and forgets to include any pertinent information, he/she will get a system response or notification that there was an error and will be prompted to add in the missing information).

Enhancing at least 10 different reports that include more parameters for searching information in the SIS, making it an excellent source of information. The enhancements also made the SIS an analytic tool that will play a key role in the government's surgical initiative to decrease surgical wait times and will also help to reduce the risks that often contribute to a slow patient recovery or to complications, such as infections.

Quality Improvement Office

eHealth's Quality Improvement team, known as the Kaizen Promotion Office (KPO), launched in November 2012 to support the organization's Lean journey.

During 2014-15, eHealth conducted 11 Rapid Process Improvement Workshops (RPIWs). Some of the improvements made as a result of those RPIWs include:

- Working with the emergency departments in the health regions, this RPIW increased the accuracy of patient care information entered (not relying on memory) and resulted in timely information entry.
- Improving Saskatchewan's ability to identify the volume and needs of those patients currently in acute care beds, who are appropriate for an Alternative Level of Care (ALC) site where their specific needs can be met (i.e. mental health patients, patients requiring support for addiction issues, patients requiring some type of active rehabilitation, patients requiring supports to live at home, etc.). This information will better support provincial analysis, planning and decision-making.

With the involvement and input of two citizen advisors, the RPIW team developed a robust access support structure, called the "Citizen Health Portal." The portal allows Saskatchewan residents to access their health record, which includes lab results and physician appointments. Residents will also be able to use the portal to track information such as weight and blood sugar levels. The new "Citizen Health Portal" will be piloted during the 2015-16 fiscal year.

During 2014-15, eHealth staff took part in two mistake-proofing projects:

- **Transmission of Lab Results:** There are various electronic systems working "behind the scenes" to ensure that physicians receive timely and accurate lab results for their patients. When a change made to one system is not communicated to another system, lab results were not received by the physician in order to review to ensure their patients receive appropriate care and treatment. This mistake proofing team created an automatic email notification that guarantees any changes made to a provider are updated to all systems, ensuring that physicians will receive their patient's lab results every time.
- **Faxing of Diagnostic Results:** When a provider needs to access the Radiology Information System (RIS), or make a change to his/her information, the information is updated several times manually and never by the source of information (i.e. provider). With no way to verify provider information going into RIS, and because of a very manual process, patient diagnostic information was not being sent (via fax) to the provider at the right place and time. A successive check was put in place to ensure the accuracy of the provider's fax information, resulting in patient information being accurately entered into the RIS, at the correct time and to the correct location.

"I found the to be informative and a great learning experience in providing 'behind the scene details.' This RPIW should expedite the creation and cost-containment of a user-friendly efficient citizen portal.

The assistance of HealthLine should be an excellent asset and demonstrates effective collaboration across service [organizations]."

-Doreen McElree, Citizens' Advisory Committee Member

Quality Improvement Office

During 2014-15, the following two strategic priorities (hoshins) were identified for eHealth:

- Strategic investment in information technology, equipment and facility renewal.
- Data Analytics and Informatics – information resource to support evidence-based decision making.

In January 2015, eHealth launched the Lean Improvement Leaders Training (LILT) program with six leaders in the organization.

RPIW In Progress

"The process encourages creativity, yet the structure is able to channel and harness the energy. As a result, by the end of the week, there is a clearly defined finished product that has undergone the rigour of being analyzed by a number of different minds and perspectives.

The benefit to the patient is that when the citizen portal is ready to launch, many potential initial problems will have been considered and avoided.

By involving different and diverse people in the planning phase, the end product will meet more needs, be more robust, and be more effective and efficient."

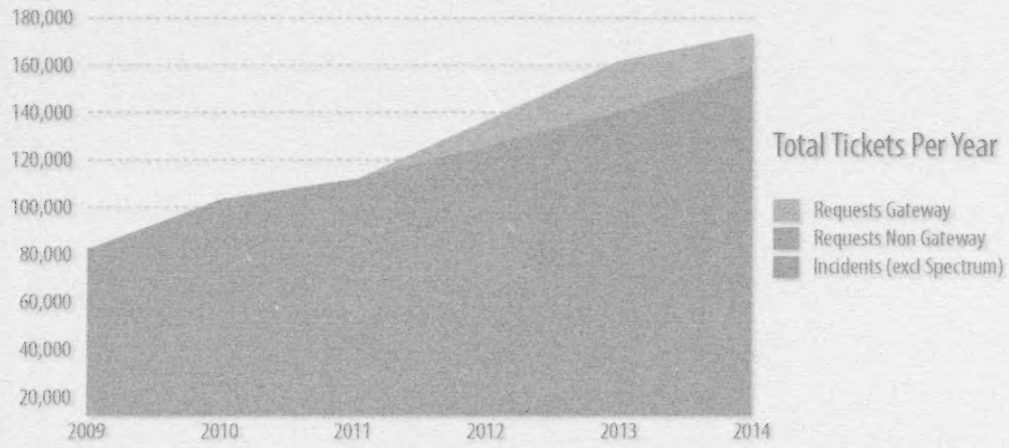
-Donna Shire

SERVICE DESK

About 63,000 customers, including health care providers, administrators, office staff and many others across the Saskatchewan health care system, frequently rely on the expertise of the eHealth Service Desk. The Service Desk assists end users when they have problems with systems supported by eHealth, when they need to order products to support front-line services or when there are problems with the delivery of those products.

Furthermore, the Service Desk supports clinical systems, as well as the administration systems necessary to provide health care services. Gateway Online is a human resources portal provided by 3sHealth. Currently, its primary use is to provide biweekly paperless pay statements to all employees of Regional Health Authorities and related organizations across the province.

The chart below shows the increase in service desk ticket volumes throughout the past six years.



- The Service Desk provides front line Information Technology (IT) support to customers including:
- All Saskatchewan health regions.
- College of Physicians and Surgeons.
- College of Pharmacists.
- Saskatchewan Cancer Agency.
- Department of Family Medicine at the College of Medicine.
- Saskatchewan Registered Nurses Association.
- 3sHealth.
- Ministry of Health.
- Other provincial ministries, private labs, private clinics and pharmacies.

Typically, the service desk receives 500 phone calls and 130 emails/faxes every week day, and supports critical services 24/7.

BY THE NUMBERS

Customers who have access to the Service Desk: 62,981 - an increase of 7,463 (11.8%) from last year.

Number of incidents/requests logged: 169,202 - an increase of 17,759 (10.5%) from last year.

Number of incidents resolved by Service Desk: 84,534 and 40,735 by Regional Personnel.

SERVICE DESK

SUCCESS STORY: Service Desk Transformation

At the end of summer 2014, the eHealth Saskatchewan Service Desk had extremely high call volumes and staff were having a hard time keeping up with customer demand as a result. Caller wait times started increasing. At one point across the health care system, an accumulation of 100 hours was wasted in a single week by health care professionals waiting to speak with a Service Desk analyst, often for simple requests, such as a password reset or to report a malfunctioning printer. The Grade of Service – the percentage of calls answered within 20 seconds – was low (the target is at least 80%). The Call Abandoned Rate – callers who hang up before an analyst answers, usually because they are waiting too long – peaked at 33% (the target is less than 5%).

By January 2015, the Service Desk had really turned around. The Call Abandoned Rate had zoomed past the target. The Grade of Service had approached the 80% target by mid-January and then exceeded that target in the last two weeks of January. The Service Desk continued to exceed those targets months later.

Those improvements were accomplished thanks to daily Lean-inspired quality improvement work. During that five month turnaround period, 15 Plan-Do-Check-Act (PDCA) cycles were attempted. These cycles were a sequence of trial-and-error experiments, some of which were effective and some were not. However, Lean's insistence on "try-storming" rather than "brain-storming" gradually had a measurable effect.

The team "try-stormed" a variety of experiments including:

- Adjusting the start times of shifts and breaks, in order to provide leveled scheduling of resources. One very effective idea was to move from two staggered break shifts in the morning to three, meaning that 2/3 of the staff were still on the phones at any given time during breaks.
- Load Leveling – bringing staff who normally work on emails or documentations into the phone queues during the busiest parts of the day, or even as needed when a spike in demand was observed.
- Enhancing Daily Visual Management by creating a very clear focus on daily metrics and targets, with root cause analysis every day when targets were not met. Suggestions from front-line staff were taken seriously and turned into PDCAs. Staff continue to think of new issues to conduct PDCAs on as a normal part of the team's culture. When people's ideas are taken seriously and tried out, then, whether the result is success or failure, people feel respected and engaged.

What's Next?

The work is far from over. Lean emphasizes continuous process improvement. The next target is to raise the "Tier 1 Resolution Rate" – the number of contacts that can be fixed by the Service Desk Analysts themselves rather than passed along to senior support specialists within eHealth or its partner organizations such as the Regional Health Authorities. The Tier 1 Resolution Rate is currently averaging about 50%. Raising it to 80% is a daunting challenge, but it can be met by steady, continuous emphasis on understanding the root causes, by continuously making small, incremental improvements, and by using Visual Daily Management to track progress.

SERVICE DESK

HEALTH CARDS & VITAL STATISTICS

More and more people are now calling Saskatchewan home. When a person moves here from another province or a different country, they need to update a lot of personal information before they can officially call this province home. One of the most important pieces of information they will need to add to their wallets, is a Saskatchewan health card to ensure they receive health coverage.

Residents have only had to visit one location, or simply go online, to receive vital certificates and renew, replace or apply for their health services card. This fiscal year marks the first anniversary of those two new additions to eHealth's portfolio - the province's health services card, and vital statistics, such as birth, death and marriage certificates. In 2014, Health Card services moved from the Ministry of Health to eHealth and joined Vital Statistics services. Vital Statistics moved from Information Services Corporation to eHealth in June 2013. Counter service is now available for both health cards and vital certificates at 2130 11th Avenue, Regina, Saskatchewan.

eHealth Registries

Health Registries relocated the Vital Statistics Vault to its new location at eHealth Saskatchewan and completed the 2014 Health Card Renewal Project, which issues new health card renewal stickers to eligible residents of Saskatchewan.

In September 2014, eHealth launched a provincial advertising campaign to inform residents eligible for health care coverage that it was time to renew their health card stickers. More than 689,000 households were mailed health card renewal packages from September 15 to 30, 2014. The campaign consisted of radio, print and online advertising in addition to earned media. Results included a total amount of 1,963,598 online impressions.

BY THE NUMBERS

HEALTH CARDS

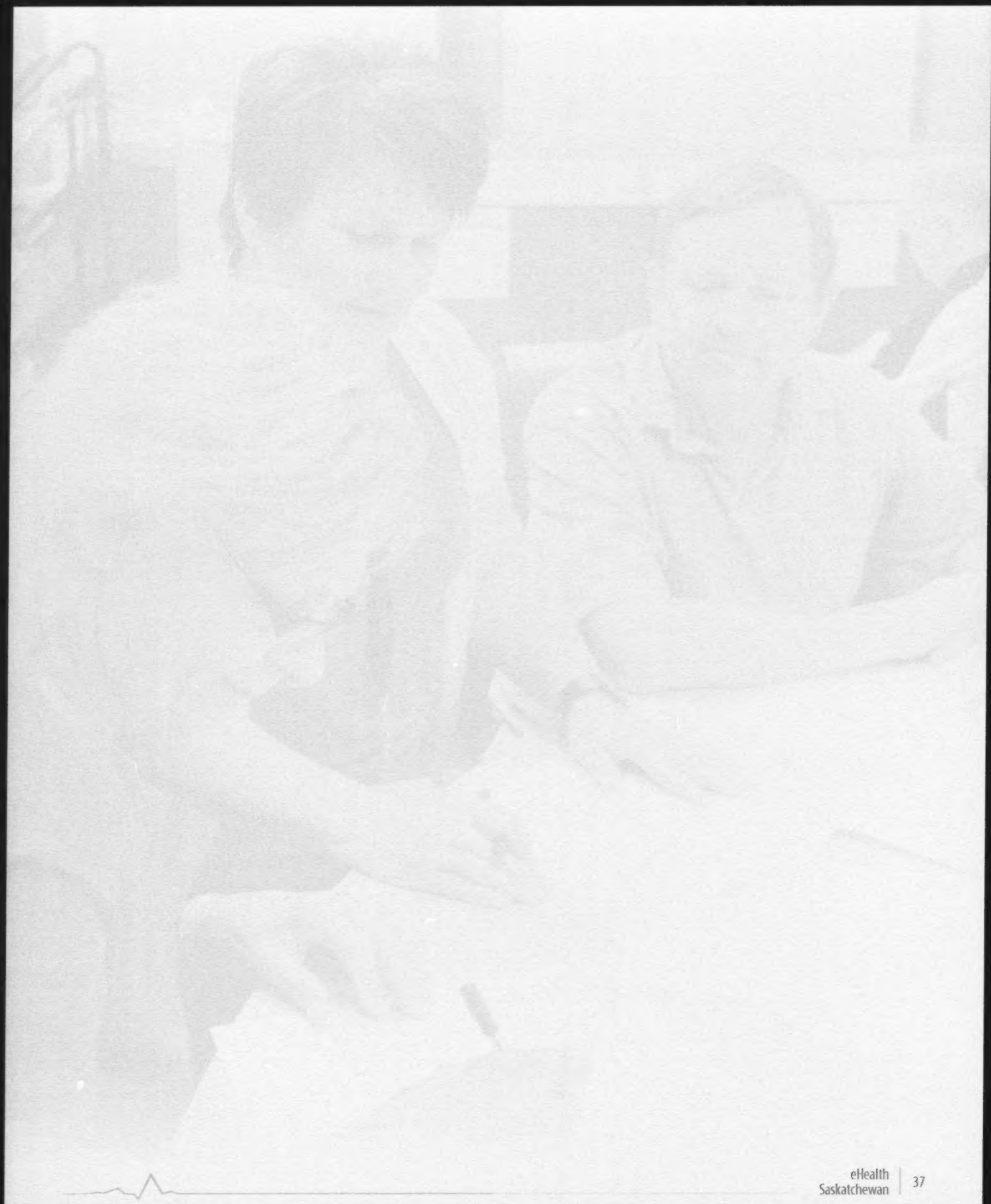
- Number of people who moved to Saskatchewan in the 2014-15 fiscal year, according to eHealth Registries – 29,770
- Average number of calls handled per day 1,365
- Record number of calls received in one day - more than 2,800
- 2014 was a Health Card Renewal Year.

CERTIFICATES ISSUED (January 1 - December 31, 2014)

- Births 52,501
- Deaths 5,812
- Marriages 6,926
- Stillbirths – 21
- **TOTAL = 65,260**

EVENTS REGISTERED (January 1 - December 31, 2014)

- Births – 15,805
- Deaths – 9,417
- Marriages – 5,131
- Stillbirths – 114
- **TOTAL = 30,467**



Privacy and Security

eHealth protects personal information and personal health information in compliance with The Freedom of Information and Protection of Privacy Act (FOIP) and The Health Information Protection Act (HIPA).

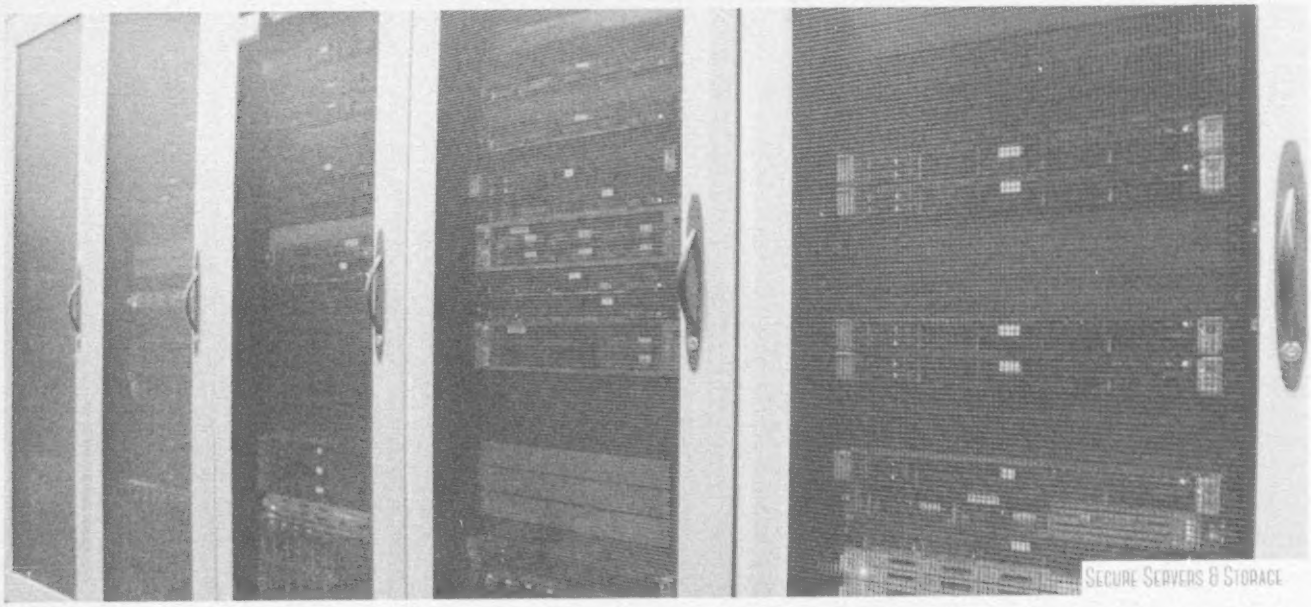
eHealth is committed to ensuring the privacy and security of the private health information entrusted to it by the people of Saskatchewan. eHealth continues to make strides in the maturation of our enterprise risk practices which encompass the privacy, security and patient safety programs.

As the reliance on our provincial clinical information systems to support direct care of patients increases, so too must the trust citizens and providers have in the confidentiality, integrity and availability of the EHR.

Building on our success in 2013-14 with the integration of the various risk and assurance functions within eHealth was the continued development and expansion of our Enterprise Incident Management process and our Shared Risk Assessment process. Both processes are designed to integrate the assurance functions of Privacy, Security and Patient Safety for efficiency and robust risk mitigation. In the 2014-15 fiscal year, 40 projects moved through Shared Risk Assessment process while all enterprise incidents flow through a single incident management process.

Organizational changes continue the move to consolidate risk functions within eHealth. In 2014-15, the Access Management Department moved under the direction of the Chief Security Officer which helped to facilitate ease of access for physicians to the eHR Viewer. This ease of access is granted through real time validation of a physician's credentials and good standing from the College of Physicians and Surgeons while dramatically reducing the time and administrative cost associated with granting this access.

eHealth continues to remain connected and acts as leader in the provincial and national security and privacy fields through their activities in the Saskatchewan Health Care Privacy and Security Forums, the Government of Saskatchewan Security Officer Forum and national bodies such as COACH (Canada's Health Informatics Association) and Canada Health Infoway.



Secure Servers & Storage

Privacy and Security

Security and Access Management

- Access requests by health care providers increased from 3,158 to 13,559 requests in 2014-15 (329% increase).
- New process established with the College of Physicians and Surgeons to help significantly reduce the time a physician has to wait to access the eHR Viewer after having submitted their account request.
- A Shared Risk Assessment (SRA) was developed between Privacy, Security and Patient Safety. Forty projects were reviewed using the new assessment, demonstrating a substantive improvement in our ability to mitigate risks prior to new systems going Live.

Information Governance

- A key focus of the Information Governance area has been facilitating health care analytics and business/clinical intelligence in support of improved patient outcomes and health system management. Some examples from 2014-15 include:
  - Information Services worked with the Ministry of Health to adapt an algorithm that will allow the Ministry to measure the wait patients experience from the time a referral is made to a specialist physician to when they are seen by that physician.
  - Information Services and the Data Warehouse teams implemented physician reporting for the CDM-QIP that allows physicians to identify patients under their care who may benefit from the CDM-QIP.
  - eHealth led the development of data definitions and capture standards that will support the provincial ER Waits & Patient Flow initiative, over the next year eHealth will lead in the implementation of those standards.

Legal and Policy

- Completed the review of The Vital Statistics Act and introduced proposed amendments to the legislation allowing for improved customer service and administrative functions.
- Established a Policy Framework and Governance model for eHealth.
- As part of our compliance efforts with the Public Interest Disclosure Act (PIDA), corporate policies were developed, communicated and adopted throughout the organization.
- eHealth also implemented Clearview Solutions, which is a third party service, that allows for the anonymous reporting of wrongdoing in compliance with the PIDA policies.

BY THE NUMBERS

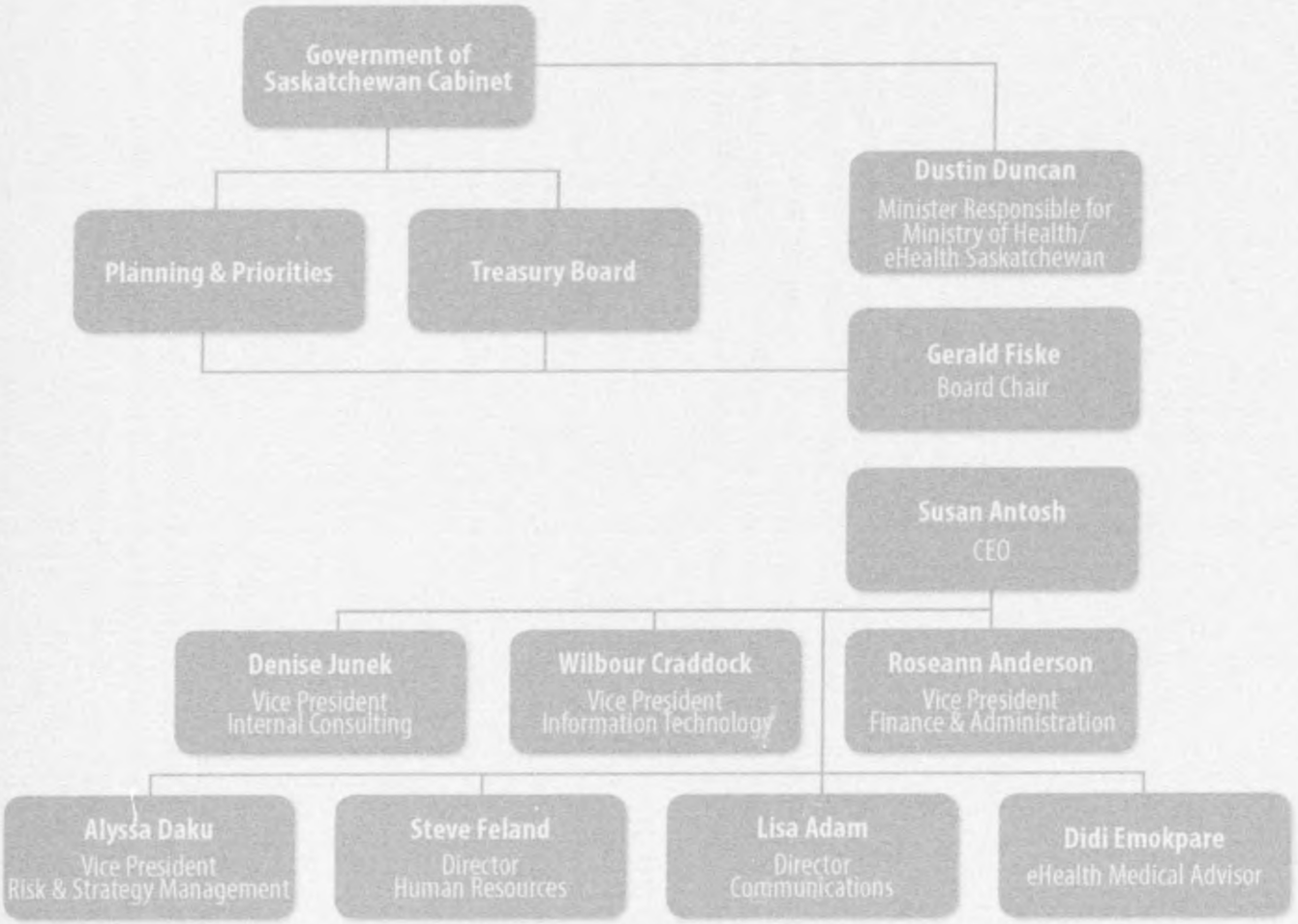
916 requests were made to the eHealth Privacy Service in 2014-15.

46 requests for personal health information were made in the eHR Viewer.

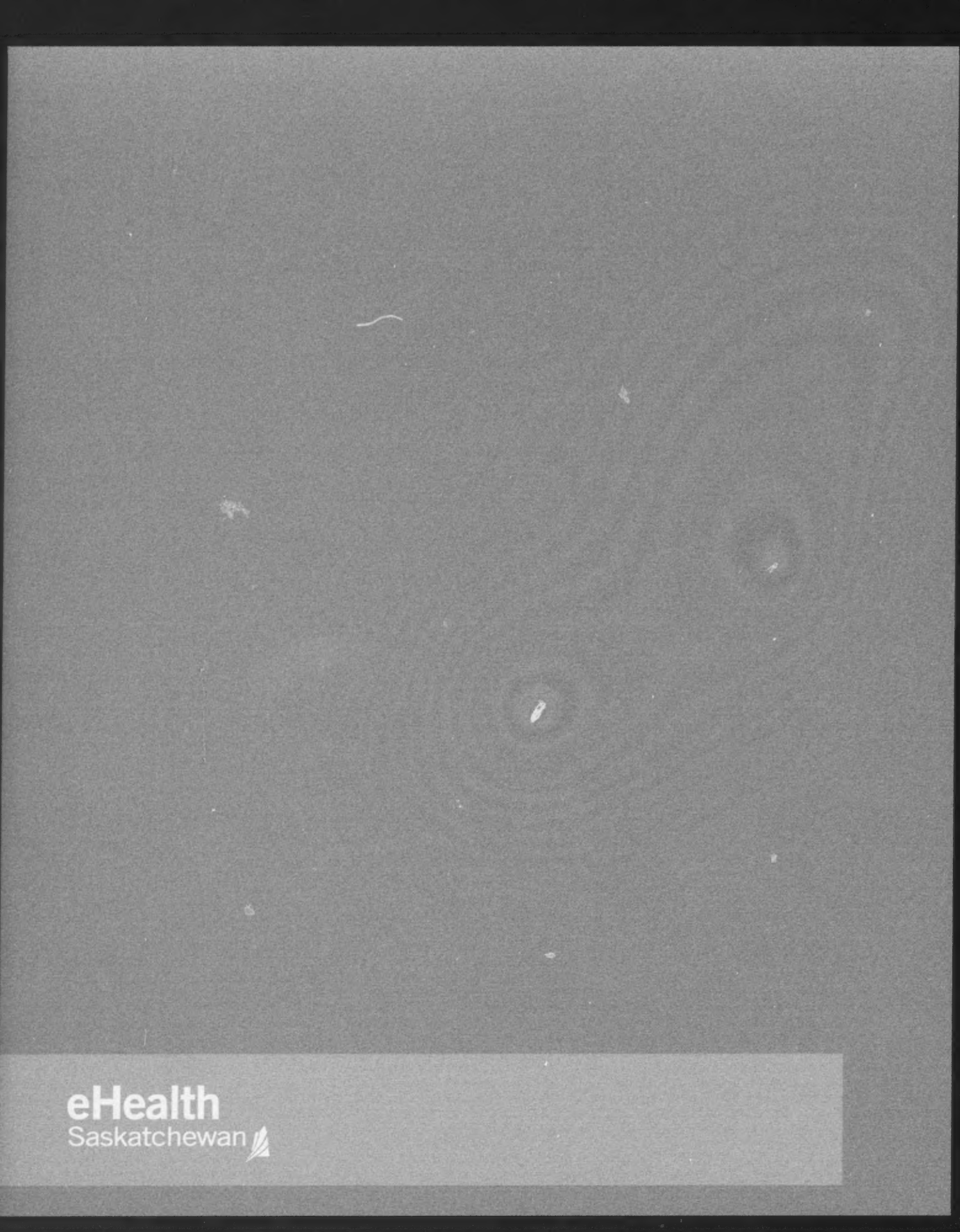
We now have 257 patients who have requested to have their health record masked in eHR Viewer and one patient who has requested a full block to their record.

Appendix

ORGANIZATION CHART



PEOPLE OF EHEALTH


eHealth
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